

ADMITTED : 01/12/2006

REASON FOR ADMISSION:

Acute renal failure.

I am asked to admit this patient as an unrefereed call from the emergency room. He is a 32 year old male, who was picked up by his own history at the Imperial Palace in Biloxi for disorderly conduct. According to his history, since I have no records from the police department, although I have tried to get that information, he admittedly had about 10 shots. He was arrested for disorderly conduct and taken to a place off of the interstate, presumably the jail on Pass Road. There, he was strapped in a chair for 7 hours to the point that he had numbness in his right leg. He was totally immobilized. Presumably, he had struck one of the officers and was therefore placed in this punishment chair for seven hours. He continued to have nausea and vomiting after the episode. He presented evidently to Memorial Hospital at Gulfport on Sunday and was seen in the emergency room and given some pain prescription. He basically has had no urine output since Sunday. He complained of severe pain in his right leg and massive edema. He saw a physician in Biloxi this morning and was referred to Memorial Hospital at Gulfport. I was called by Dr. Moran to see the patient tonight. By his own admission, he has no prior history of any renal diseases. He denied any IV drug abuse. He had no prior history of hematuria, back pain, stones, frequency, incontinence. He noted that basically he had no urinary output, except for a little bit this afternoon which was dark and black.

It was obvious to Dr. Moran that he had rhabdomyolysis. He had a venous and arterial survey of the legs which was negative. A CPK returned at this point now 5 days later 33,000. This is a preliminary result. Further compromising his condition is that he is hyperkalemic. Potassium 6.4 with an anion gap acidosis of 24 associated with renal failure. His BUN is 156, creatinine 14.6. Sodium 124. He has been vomiting. Unable to keep fluids down.

ALLERGIES:

THERE ARE ALLERGIES TO NO KNOWN MEDICATIONS.

OCCUPATION:

He works at Orek in Long Beach. He has only recently moved here from Ohio.

MEMORIAL HOSPITAL AT GULFPORT

History and Physical

JOB#:000639800

Document#:765749

PATIENT:Alves, Casey

DOB:03/21/1973

MR#:000000391645

ACCT#:000601200184

PHYSICIAN:Douglas Lanier, Jr., M.D.

ROOM#:ICCIC25A

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DATE 5/5/2006



FAMILY HISTORY:

Noncontributory to this present illness.

REVIEW OF SYSTEMS:

HEENT: Negative.

CVS: No prior history of chest pain, paroxysmal nocturnal dyspnea or orthopnea, pedal edema.

PULMONARY: No asthma, tuberculosis, frequent colds, pneumonias. No history of pulmonary abnormality. NO history of clots. No prior history of deep venous thrombosis.

GI: Nausea and vomiting in present illness. No diarrhea.

ENDOCRINE: No history of diabetes mellitus, hyperlipidemia, hypothyroidism, or hyperthyroidism.

RENAL/GU: Totally negative prior to admission. Normal urinary output. No prior history of any renal disease.

NEUROLOGICAL: Complains of numbness in the right leg. Difficulty moving his right toes. Able to ambulate to some degree. Severe pain in his right calf and right thigh.

PHYSICAL EXAMINATION:

Physical examination revealed an alert and oriented, African American male, who is age 32, who appears to be very ill. The blood pressure is 152/85. Pulse 76. Respirations 16. Temperature is 97.

GENERAL: He responds appropriately to questioning. Complaining of pain in his right leg and no urinary output.

SKIN/LYMPH NODES: There are abrasions both shoulders over the right side of the face. There is a blister on the left leg.

Bruising on the right leg. Obviously visible edema of the right leg. Lymph nodes are not palpable.

HEENT: Pupils equal, round, reactive to light. Funduscopic within normal limits. Ears have no hemotympanum. Mouth and pharynx within normal limits.

NECK: Supple. No jugular venous distention. No bruits.

CHEST: Over the upper chest are the extreme bruises and lacerations from skin straps.

CVS: Inspection negative to palpation. No heaves or thrills.

Auscultation revealed a regular rhythm without murmurs, rubs, or gallops.

LUNGS: The lungs were clear to auscultation.

ABDOMEN: The abdomen was soft. No tenderness over the liver, spleen or kidneys. No palpable masses. Bowel sounds were normal and active.

GENITALIA: Normal male. No masses. No hernias.

EXTREMITIES: The right leg is four times the size of the left leg. He can move his right foot, but not wiggle the toes. He has

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pulses in both fems. He has no cyanosis or swelling. Mild edema of the right leg is quite demonstrable. Muscle tenderness to palpation in the right leg.

NEUROLOGICAL: Cranial nerves II through XII. Babinski absent. No cerebellar signs. Again, difficulty moving the right toes, but does move the right leg. Babinski is absent. No obvious motor deprivation but painful sensation in the right leg.

**LABORATORY EVALUATION:**

BUN 156, creatinine 14.6, potassium 6.4, CO<sub>2</sub> 14, anion gap 24, urinalysis 300 mg. percent proteinuria, but that is complicated because of his blood in the urine. Moderate amount of blood. CPK 34,309. MB 21.7 with is .1%. Calcium 7.7, no phosphorus. Hematocrit 41.

**IMPRESSION:**

1. Acute renal failure secondary to rhabdomyolysis.
2. Rhabdomyolysis secondary to being strapped in a chair for 7 hours.
3. History of alcoholism and disorderly conduct.

**DISCUSSION/RECOMMENDATIONS:**

It appears that he received the chair in extreme tight straps which lead to muscle ischemia of the right leg. This further lead to rhabdomyolysis and acute renal failure. The contribution of alcohol was a major factor, although I do not have the levels or any formal report. Further, the fact he didn't receive fluids for 7 hours and a patient who may have been dehydrated due to alcohol lead to further compromise, but clearly at this point he needs emergency dialysis.

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Douglas Lanier, Jr., M.D.

PRELIMINARY REPORT UNTIL AUTHENTICATED

DL/wj

dd: 01/12/2006 4:46 P  
dt: 01/13/2006 7:40 A

cc: Douglas Lanier, Jr., M.D.

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PROBLEM LIST:

1. Rhabdomyolysis and acute renal failure. Remains oliguric, basically, almost anuric. Daily dialysis indicated at this point.
2. Entrapment syndrome, right leg. Surgeons do not feel the need for fasciotomy at this point, which is good. Hyperbarics has been evaluated because of the muscle necrosis. Dr. Burwell has seen and is ordering an MRI. Neurology has seen because of the fact that he has difficulty moving his toes and has a peroneal neuropathy.
3. Peroneal neuropathy, see Dr. Grow's notes.

This morning he is complaining of pain in his leg, it is very tense and tight with edema. He can move his leg but not his toes, he can move the foot, again, but not the toes.

O:  
CARDIOVASCULAR: Regular rhythm.  
LUNGS: Clear.  
ABDOMEN: Soft.  
EXTREMITIES: Without edema.

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Progress Note

JOB#000640179  
Document#:766058

PATIENT:Alves, Casey

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ACCT#:000601200184

PHYSICIAN:Douglas Lanier, Jr., M.D.  
ROOM#:5B 0529W

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